

TAXICAB SURVEILLANCE

DATE & TIME OF INSPECTION: _____

LOCATION: _____

TAXICAB NUMBER: _____

OPERATED BY: _____

SATISFACTORY
UNSATISFACTORY
NOT APPLICABLE

Copy of USAFACFS Reg 55-1

Valid Oklahoma Driver's License

Current Okla Vehicle Safety Inspection

Name & Photo of Driver on Dashboard

Taxicab Radio Dispatched

Required Markings

Insurance Verification/Bonding Certificate

Overcharging/Undercharging

Passenger Load Not Over Vehicle Capacity

Interior Cleanliness

Exterior Cleanliness

Comments/Complaint Phone Number Displayed

Remarks: _____

Name/Signature
of Inspector: _____